

Administrator Change

Indiana Health Facilities Rules 410 IAC 16.2-3.1-13 requires that a long term care facility have a licensed administrator.

The licensee shall notify the department within three (3) working days of a vacancy in the administrator's position. The licensee shall also notify the director of the name and license number of the replacement administrator.

An administrator shall be employed to work in each licensed health facility. For purposes of this subsection, an individual can only be employed as an administrator in one (1) health facility or one (1) hospital-based long term care unit at a time.

In the administrator's absence, an individual shall be authorized, in writing, to act on the administrator's behalf.

It is recommended that the facility submit the form below to notify the Indiana State Department of Health of a change in administrator.

If the facility does not use the form please submit written correspondence to provide notice of such change and include the following documentation:

- The name of the replacement administrator
- The license number of the replacement administrator
- The effective date for the replacement administrator

The notice and documentation should be sent to:

Licensure Secretary
Indiana State Department of Health
Division of Long Term Care, Section 4B
2 N Meridian
Indianapolis, IN 46204
Telephone: 317-233-1324
Fax: 317-233-7322



ADMINISTRATOR OR DIRECTOR OF NURSING CHANGE FORM

Indiana State Department of Health-Division of Long Term Care

The Indiana State Department of Health must be notified each time that a facility has a change in administrator or director of nursing. It is recommended that the following form be completed and submitted to the Indiana State Department of Health in the event of a change.

Facility Name:		
Street Address:		
City:	State:	Zip Code:

Please Check the Appropriate Box Below to Match the Correct Position Change Type	
<input type="checkbox"/> ADMINISTRATOR (New)	
<input type="checkbox"/> DIRECTOR OF NURSING (New)	
Name:	License Number:
Date Appointed:	

ADMINISTRATOR OR DIRECTOR OF NURSING (Previous)	
Name:	License Number:
Last Date in Position:	

Please fill out the form and fax a copy to the Indiana State Department of Health:

Attn: Licensure Secretary
Fax Number: 317-233-7322

If there are any questions please contact the Indiana State Department of Health at:

Telephone Number: 317-233-1324